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MILWAUKEE COUNTY EMS PRACTICAL SKILL PHYSICAL ASSESSMENT

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Page 1 of 1

Purpose:	Indications:
To complete a primary and secondary survey of patient	All patients
To identify life threatening or potentially life-threatening conditions	
To establish a working assessment	
To prioritize treatment	

Survey scene for information and potential hazards to personnel: hazards, potential number of patients, need for additional or specialized equipment, manpower; environment (mechanism of injury, living conditions, etc.)

Make patient contact, establish baseline level of consciousness; identify self, explain role if time and patient condition permits

Assess patient's airway; consider need for C-spine stabilization; monitor for patency of ariway, need for adjuncts to control airway; open airway of unresponsive patients (chin lift or jaw thrust)

Assess breathing: look for chest movement; listen and feel for air exchange; ventilate with pocket mask or bag-valve device if patient is not breathing or exchange is not adequate; suction as necessary; start supplemental oxygen as soon as possible at rate and with device appropriate for patient's condition

Assess circulatory status: check central and peripheral pulses; look for signs of hemorrhage, apply direct pressure to bleeding wounds; evaluate capillary refill; look for cyanosis, diaphoresis; begin CPR as needed; establish IV as needed

Perform cursory body survey to identify "Load and Go" situations: uncontrolled airway, uncontrolled hemorrhage with potential for exanguination; complications of childbirth

Obtain baseline vital signs: systolic and diastolic blood pressure; peripheral or central pulse; respiratory rate and effort; level of consciousness (alert, responds to verbal stimulus, responds to painful stimulus, unresponsive)

Obtain history of present problem: chief complaint; location; description; onset; duration; precipitating factors; prior intervention; associated symptoms

Assess head and face: re-evaluate airway; signs of trauma (wounds, contusions, fractures); blood or discharge from ears or nose; pupil size and reaction; presence of identifiable odors

Assess neck: signs of trauma; carotid pulse; midline trachea; jugular vein distention; subcutaneous emphysema

Assess chest: signs of trauma (wounds, flail segments, bruises); pain; subcutaneous emphysema; listen to breath sounds

Assess abdomen: signs of trauma (wounds, bruises); pain; distention; pregnancy; rigidity

Assess pelvis and buttocks: signs of trauma/deformity; signs of bleeding (rectal or vaginal); presence of secretions; pain

Assess upper and lower extremities: signs of trauma/deformity; pain; pitting edema; circulation, sensation, movement

Establish working assessment

Prioritize interventions

Contact medical control as necessary